

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33928

FILED OCT 23 1948

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 8893

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3800 Folsom Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 3 years
years, months or days)

3. (a) PRINT FULL NAME MARY BERRY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife James C. 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased March 31, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 12 hr. _____ min.

9. Birthplace Brookport, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

12. Name John Belver

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine ?

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant James O. Berry

(b) Address 3800 Folsom Avenue

17. (a) Removal (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Brookport, Illinois

18. (a) Signature of funeral director Norris Funeral Directors

(b) Address Brookport, Illinois

19. (a) OCT 13 1948 (b) J. B. Lasater
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 601
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3800 Folsom Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from
Oct. 4th 1948 to Oct. 13th 1948
that I last saw her alive on Oct. 11th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Disease Duration 1 Wk.

Due to 131

Due to _____

Other conditions Chr. Nephritis and 1 yr.
(Include pregnancy within 3 months of death)

Arteriosclerosis PHYSICIAN

Major findings: Of operations no

Of autopsy no Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(a) Cause of injury _____

23. Signature H. H. Walker M.D. (M. D. or other) _____

Address 3608 S. Grand Blvd. Date signed 10/13/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Wm. H. Walters
3608 So. Grand Bl.

140-26

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

E. H. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

2301 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.